

tricular aspect of each of the semilunar valves of the aorta a similar deposit is seen. The pulmonary valves were healthy.

Some recent effusion was found in the abdomen; the liver was larger than natural, and a section exhibited a nutmeg character. The right kidney was slightly contracted, its capsule thickened and opaque, and a section exhibited the appearance seen in an early stage of Bright's disease. The urine had been examined during life and found not to be albuminous.

*Observations.*—This case appears to be remarkable in two respects—first, for the very large amount of lymph deposited upon the valves of the heart; and secondly, for the almost total absence of general and physical signs. The deposit upon the valves was recent, must have taken place comparatively quickly, and ought to have caused considerable impediment to the circulation through the cavities of the heart, yet if we except dyspnoea and anasarca, no signs of any obstruction to the pulmonary or cardiac circulation were present; there was neither palpitation, cough, irregularity, nor intermission of the heart's action; the dyspnoea was little urgent, and was not apparent in the semi-erect posture—in fact, it had not at all the characters of the dyspnoea which accompanies obstructive disease of the valves, but was rather such as is seen in anæmic and nervous individuals. The action of the heart was hurried but perfectly regular, and no abnormal sound could be detected in any part of the præcordial region; the pulse also was perfectly regular.

The patient never had rheumatism, and had laboured under no acute illness previous to her admission into hospital. As there was no indication of disease in any important organ, the heart was several times examined, but the signs yielded by auscultation and percussion were only such as are exhibited by patients labouring under anæmia and debility.

The only mode of accounting for the absence of the usual signs of obstructive disease of the valves of the heart which appears to be admissible in the present case is, that the amount of blood in the system was small, and the debility under which the patient laboured prevented her from using any exertion; hence the heart's action was never excited, and its cavities were not unusually distended or overloaded with blood at any time during her residence in hospital.

Dr. H. Kennedy thought the absence of bruit in this case might be accounted for. It had been lately ascertained—and indeed the fact was stated some years ago by Dr. Elliotson—that in the advanced stages of left auriculo-ventricular contraction, the bruit which had at first existed, disappeared, in many cases at least. Now, in the present instance, the state of the parts—though the result of acute disease—was exactly analogous to what occurs in chronic disease; for this opening was all but closed by the effused lymph. As to the aortic opening it would be observed that the actual edges of the valves were free, and that the lymph deposited there was very soft; and when to all this was added the weak state the patient was in while under observation, there appeared quite enough to account for the absence of all bruit.

18. *Enormous Hypertrophy of the Heart.*—Dr. CROKER KING exhibited to the Dublin Pathological Society (Dec. 6) the heart of an individual 29 years of age, which, when emptied of its contents, weighed *forty-four ounces and a half*, a weight exceeding that, it is believed, of any case hitherto recorded.

The case came under Dr. King's care three years and three months ago; the disease at that time had existed for six years and a half, and was supposed to have originated in pleuritis; however, on particular inquiry into the symptoms, Dr. King considered that the suspected pleuritis might, in fact, have been pericarditis, and this view was completely corroborated by the post-mortem examination.

On examining the chest, a dull sound was elicited over a surface extending from the second left rib downwards to the ninth, and latterly from the right of the sternum to a line falling perpendicularly from the centre of the left axilla. On applying the ear to this surface, the parietes of the chest were struck with such violence by this immense organ, that the examiner received a forcible, and, he might add, disagreeable percussion. A confused muffled sound, like that of a prolonged muscular bruit, was heard, as also a very loud double soufflé, replacing the ordinary sounds of the heart, and most distinct over the origin of the aorta, which it was calculated was situated higher up than usual, in consequence of the altered position of the heart. Pulse strong, vibrating, and incompressible.

The individual was of spare habit, and had always been so; muscular system indifferently developed; skin fine and smooth; had altogether a pale, bloodless appearance.

The life of the unfortunate subject of the above affection, was rendered miserable by paroxysms of the most fearful description, the approach of which was indicated by a sensation of general nervousness, followed by a peculiarly distressing weariness of both upper and lower extremities. The heart, at all times tumultuous in its pulsations, now beat with increased violence, and the patient experienced a fearful constriction in the chest, as if the sternum and vertebral column were forcibly approximated, and a sensation as if red-hot wires extended down the arms to the extremities of the fingers; and during the continuance of the attack, though suffering from the most distressing fatigue, he was unable to sit down. The position which afforded most relief was obtained by forcibly extending the spine and raising the arms, so as to allow of the great pectoral muscles being brought into forcible action, and enabling them by acting on the ribs to diminish the sense of constriction in the chest. The paroxysm being fairly established, the appearance and position of the patient were striking, and expressed an amount of suffering which Dr. King believed to be unequalled: the head thrown back, the neck extended, the entire spine bent in a curve backwards, like an exaggerated state of opisthotonos, the arms elevated at right angles from the body, the fingers expanded and rigid, the dark and prominent eye, the marked projection of the thyroid cartilage from the forcible extension of the neck: the violent action of the heart absolutely causing the individual to vibrate at each pulsation; the carotids bounding and throwing forward the integuments of the neck; the violent distension of the superficial arterial branches, enabling their course to be traced; in fact, so general was the arterial dilatation, that at each beat of this powerful heart, the individual appeared to undergo a general enlargement, and thus to resemble one enormous aneurism.

Coupling with the above, the expression of the patient's countenance, the suppressed breath, the perspiration, which, at first, stood in large drops on, and ran down the face and neck, the whole embodied a scene which *might* possibly be depicted with the pencil, but defies the pen.

These paroxysms were induced by the slightest circumstance; a cause which from its unimportance, could scarcely be considered capable of producing the slightest mental disturbance, being capable of giving rise to them. Such as receiving a visit from even his most intimate friend; at one time drinking, at another eating, appeared to be an exciting cause; and so much did this unfortunate gentleman dread the occurrence of a paroxysm, that I have known him to remain for several days without food, dreading the consequence of taking it. The paroxysms could frequently be warded off by occupying his mind, with any circumstance calculated to fix his attention; and over and over again have I succeeded in doing so by such a stratagem.

All through this case the most marked relief was experienced from stimulants; narcotics and antispasmodics: whereas any treatment calculated to reduce or depress was injurious, and appeared to favour the frequent recurrence of the attacks. So great was the relief experienced by the patient from the use of stimulants, that some years ago, without any pleasure in intemperance, or wish to indulge in intoxicating liquids, he gradually increased his potations to 16 or 18 tumblers of punch daily; however, he soon became sensible of the injurious effects of so much alcohol on the system: an attack of delirium tremens determined him to abandon such habits at all risks. He accordingly substituted opium, the dose of which he was equally anxious to limit, which, with some exertion, he kept down to one ounce and a half of the tincture daily; the other preparations, the acetum, black drops, or the salts of morphia, had not the same effect as the laudanum; the doses should be larger in proportion, and even then, on account of the absence of the spirit, they were not as efficacious.

It is worthy of remark that during the entire progress of the above case, there was no evidence of interrupted circulation, *no dyspnoea*, no venous nor capillary congestion; anasarca certainly set in towards the close of the case; it had not extended above the hips.

This individual was found dead in his bed a few mornings ago; he was seen

alive an hour before; did not make any complaint, but, on the contrary, stated that he had passed a good night. The autopsy did not reveal the immediate cause of death, which K. attributes to syncope; it had evidently been very sudden; the body was found in the position he usually adopted during sleep; the clothes were not in the least disturbed.

In the progress of the above case a variety of symptoms of the highest interest were manifested; but as the details of the case have already occupied more time than he intended, Dr. King would conclude by merely drawing attention to the pathological specimen on the table.

The heart, taken as a whole, has attained an unusual size, partly owing to dilatation of its cavities, but, principally, from hypertrophy of its substance—auricles normal—the right ventricle is dilated, the walls do not appear to be hypertrophied—the left ventricle is much dilated, its walls hypertrophied—a similar change has taken place in the septum ventricularum—the aortic valves are the seat of cretaceous deposit which almost entirely fills up their concavities, and in one instance has penetrated the substance of the valve and formed an attachment to the adjoining mitral valve: the aortic opening is, however, perfectly free—the blood enjoyed uninterrupted egress from the heart: pericardium universally adherent to the surface of the heart by adhesions, fibrous, and evidently of long standing. In the situation where the serous layer is reflected from the heart on the great vessels, it was lifted up by a subserous effusion of the depth of half an inch.—*Dublin Hospital Gaz.*, Jan. 1, 1846.

19. *Slow Pulse from Cardiac Disease.*—Dr. STOKES exhibited to the Pathological Society of Dublin (Dec. 6, 1845), a specimen which he remarked was calculated to throw some light on the symptom of slow pulse. The society was aware, that until lately, this symptom was considered as dependent upon cerebral disease; but the progress of pathological science had latterly demonstrated that slowness of the pulse frequently resulted from cardiac lesions.

The patient who manifested the symptom referred to on the present occasion, entered the Meath Hospital some months ago, suffering from general debility, cough, and dyspnoea, but without any suspicion that he was labouring under an affection of the heart. He did not complain of cardiac pain or palpitation; and it was only the character of his pulse which drew attention to the central organ of the circulation. The pulse beat steadily between 35 and 40 in the minute. He presented no cerebral symptoms whatever; and it was principally for the purpose of observing the peculiarity of his pulse, that he was retained in hospital. He exhibited the yellowish anemic appearance of senile phthisis; and gradually sunk.

Dr. Stokes was enabled to report the cardiac phenomena which accompanied this remarkable slowness of the pulse. There was an increased extent of dullness; and upon applying the stethoscope, a bruit could be heard precisely analogous to that usually ascribed to mitral regurgitation: but this bruit became more audible upon ascending the sternum, until it became loudest just at the junction of the cartilage of the second rib, with the sternum on the right side. This latter character seemed to indicate aortic valve disease; but then the bruit was confined to the first sound, the second sound being distinct and defined. On the whole, Dr. Stokes was inclined to regard it as a case of mitral valve disease, and to account for the aortic bruit by the anemic condition of the patient.

The autopsy developed that the valves affected were really the aortic; the mitral valves were perfectly normal. But the lesion of the aortic valves did not permit of regurgitation; water poured into the aorta was perfectly retained; the disease consisted in a considerable narrowing of the orifice: the lining membrane of the artery was also to a slight extent diseased. The heart itself was soft and flabby: it could not be called a fatty heart, but evidently contained a greater quantity of fat than usual; it was manifestly a weakened heart.

In the disease of the aortic valves, so well described by Dr. Corrigan, an aortic bruit exists in the second sound: the present was a disease of the aortic valves, but without any bruit replacing the second sound; but there was in this case no regurgitation; so that we may modify the diagnosis of aortic valve disease in the following manner:—When in organic lesions of the semilunar valves of the left